

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1. Date of Request: _____		2. Serial/Patent # <b>10/517490</b>									
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED	6. AMOUNT							
<input type="checkbox"/>	Filing <i>for claim</i>			\$ 100							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other <i>Search</i>			\$ 400							
		7. TOTAL AMOUNT OF REFUND		\$ 500							
10. REASON:		8. TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check									
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9. <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>--</td> <td>0</td> <td>4</td> <td>2</td> <td>5</td> </tr> </table>			1	2	--	0	4	2	5
1	2	--	0	4	2	5					
11. REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: _____		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: